

KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT

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INTERNAL MOBILITY APPLICANTS

IRST NAM	IE		LAST NAME		INTERVIEW DATE
OB TITLE I	OR INTERVIEW				
			r of months of state service if <u>cu</u>	rrently	in state service; if not, "0"; for state retiree, nun
f service r	nonths since retir	ement)			
FCTION	3: QUALIFICA	TIONS			
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	ERIENCE (defined irement from sta		requirements of class specifica	tion, in	cluding the number of months of relevant experi
TOT LO TEL	irement from sta	ie service)			
			IF TO DOCITION (relevant element		
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